

B. Case Review System

B.1. How effectively is the State able to meet the requirement that each child in foster care under the State's placement and care responsibility has a written case plan with all the required elements?

In Missouri, permanency planning and its inherent decision-making permeates the child's placement in out-of-home care. The goal of out-of-home care is to provide to each child who enters a safe and stable environment with nurturing caregivers. Acceptance of this goal implies that no child should be allowed to drift in out-of-home placement and the Family-Centered-Out – Of-Home Care (FCOOHC) policy requires that case planning decisions must be made within specified time frames through utilization of Family Support Teams (FST).

FCOOHC policy dictates that the Family Support Team shall meet within 72 hours of a child coming into care. Each child's FST consists of the Children's Division Worker, the Children's Division Supervisor, the parents/caregivers, child (if age appropriate), juvenile officer, Guardian Ad Litem and/or CASA, parents' attorneys, if applicable, family helper/advocate, placement provider, currently involved treatment providers and school personnel. A child must have a FST meeting even though it is anticipated that the child will be reunified with parents within a short period of time; or, the Division is planning to place the child for adoption within a short period of time. Family Support Team Meetings (FSTM) are conducted according to the time schedule as long as the court holds jurisdiction of the child, the Division has custody, and the child is in an out-of-home care setting because FSTM's are believed to be an effective vehicle to problem solve around child and families' needs.

The 72-hour FST meeting is a mechanism for acquainting team members with the circumstances which contributed to the out-of-home placement. Also, this meeting facilitates early identification and response to the family's strengths and needs. The FST determines if the child can be reunited immediately with his parents or if continued out-of-home care is warranted and develops an appropriate plan.

Prior to this 72-hour FST meeting, the Children's Division Worker begins an assessment of the family and child utilizing the CS-16 (Family Assessment) form and the CS-1 (Child Assessment and Service Plan). The entire assessment and case planning process is to be completed within 30 days from when a child enters care. FST meetings are then held at a minimum of every 30 days until adjudication by the court and then every six months thereafter.

Case Plan Contents

FCOOHC policy dictates that thorough assessments of the family and child must be completed prior to development of the service plan. Needs and strengths identified during the assessment process are the basis for service planning with a family. The CS-16 and CS-1 are the tools used during this assessment process.

The CS-16 tool is a family assessment tool used during initial assessment and for ongoing assessments. The tool is designed to facilitate a family-centered approach to assessing the family structure, strengths, supports and service needs. The CS-16 is used with intact families as well as those families who have a child in care.

The newly revised CS-1 form (released September 2003) incorporated the requirements of P.L. 96-272 for the development of a child assessment and long-range permanency treatment plan. It is a child specific assessment and case plan which is completed for every child who comes into care. The tool identifies the existing problems leading to placement and the services a family needs to expedite reunification. It assesses and documents each child's individual safety, permanency, and well-being needs. Additionally, the new CS-1 serves the following purposes:

- Provides an organized way in which information is gathered about a child's specific safety, permanency, and well-being strengths and needs
- Provides a standardized way in which services provided to child and family are documented in the record
- Provides documentation of visitation plan
- Records invitations to and attendance of the FST meeting
- Documents understanding/acceptance/disagreement of the FST recommendations
- Provides a standardized format for recording and documenting the case plan
- Provides information in an organized manner to the FST and to the court on the services needed and progress made by the child and family to ameliorate the conditions which created the need for placement
- Provides documentation of compliance with federal requirements which must in all out-of-home care cases, as stated in P.L. 96-272

Evaluation and Summary of Findings

The Division has three review stages to ensure the permanency planning process occurs according to policy. The first review is a self-review by the Family Support Team (FST). Every thirty days the FST meets and reviews the permanency plan (until the adjudication hearing, or more often if requested).

The second review occurs when supervisors have on-going consultation with the workers through various points of an intervention such as: initial case assignment, during the assessment process, case planning, service delivery, court-related activities, case recording, and case transfer.

The third review process is accomplished through peer reviews of the record. Missouri has two types of peer review processes through which a record may be reviewed, the Peer Record Review (PRR) and the Practice Development Review (PDR).

The PRR is a strategy designed to ensure documentation of essential services exist in the family record, provide objective input regarding quality service provision, and identify systemic barriers to quality services. Approximately 10% of all out-of-home records are reviewed through a random list of cases provided to front line supervisors. These reviews are conducted on a quarterly basis and all staff have the opportunity to participate. The PRR results pertaining to case planning for each quarter of 2002 (reported by % of acceptability) are shown in the chart below:

PRR Results for Section IV: Service	2002	2002	2002	2002
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Plan and Service Delivery	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
The service plan addresses family/child needs and strengths from the assessment	n/a	n/a	78%	79%
There is a correlation between the needs and strengths of the family/child identified through the assessment	72%	74%	77%	80%
The service plan clearly identifies tasks for each participant	n/a	n/a	77%	78%
The tasks outlined in the service plan are time limited	59%	61%	65%	67%
The tasks outlined in the service plan are behaviorally specific	75%	75%	76%	75%
The tasks in the service plan are reasonable and achievable	n/a	n/a	79%	79%
The service plan was developed within 30 days	68%	71%	73%	74%
The tasks outlined in the service plan were accomplished	n/a	n/a	63%	67%

The PRR results indicate a positive trend in the percent of acceptability in three areas: time frame in which the service plan is developed (30 days), correlation between the needs and strengths of families identified in assessment, and tasks outlined in service plan are time limited. Other measures in this area remained constant over Calendar Year 2002.

PRR Results for Section V: Out-of-Home Care	2002 1st Qtr.	2002 2nd Qtr.	2002 3rd Qtr.	2002 4th Qtr.
The placement provider is involved in the service planning process	84%	89%	86%	87%
A permanency plan was developed for the child within 30 days	81%	87%	86%	81%
The permanency plan was developed and it includes options for concurrent planning	78%	86%	82%	82%

These 2002 PRR results indicate a 3% acceptability increase in provider involvement in the service planning and a 4% acceptability increase in concurrent planning. The percentage of acceptability for the time frame in which a permanency plan is developed fluctuated some over the year but reflected an average of 81%.

The second type of peer review, the PDR, is an intense performance appraisal process to conclude how children and families are benefiting from services. This type of review is conducted on less than one percent of out-of-home care cases. Key exam indicators are used to determine the status of children and families and the performance of key service functions. Below are the results from SFY-02 and SFY-03 for the exam areas pertaining to case planning and service implementation.

Planning Vision Definition: A long-term view is a guiding strategic vision used to set the purpose and path of intervention and support. It is used to focus a coherent service plan and process for the child and family. It may be expressed as strategic goals to focus and unify service planning efforts, especially when multiple interveners are involved. A long-term view anticipates and defines what the child must have, know, and be able to do in order to be successful following his/her next major developmental or placement transition. Smooth and effective transitions require such a strategic vision and its fulfillment through the service process. To be acceptable, a long-term view must “fit” the child/family situation and establish a strategic course to be followed in a service process that will lead to achievement of strategic goals. The long-term view should answer the questions of where is the case headed and why.

SFY-02	SFY-03
71% Acceptability in Cases Reviewed	64% Acceptability in Cases Reviewed

Integrated Service Plan (ISP) Definition: A cross-agency ISP unifies the efforts of all service team members into a single, coherent set of processes designed to help the child become successful in school and functional in life. The ISP specifies the goals, roles, strategies, resources, and schedules for coordinated provision of assistance, supports, supervision, and services for the child, caregiver, and teacher. It is the vitality and intelligence of the planning process that is of essence here, not the elegance of a written document. The written ISP is the collective intentions of the child's service team that simply states the path and process to be followed.

SFY-02	SFY-03
68% Acceptability in Cases Reviewed	66% Acceptability in Cases Reviewed

Plan Implementation Definition: To fulfill the purpose and path of intervention with the child and family, the provisions of the Integrated Service Plan (ISP) have to be implemented via timely delivery of adequate services. Implementation involves the arrangement of supports, services, and other intervention activities are being delivered in a timely and competent manner, consistent with identified needs and preferences, and following the principles of the system of care. Timeliness, competence, intensity, and consistency lead to dependability, consumer satisfaction, and positive results.

SFY-02	SFY-03
73% Acceptability in Cases Reviewed	73% Acceptability in Cases Reviewed

Functional Assessment Definition: A combination of clinical, functional, and informal assessment techniques should be used to determine the strengths, capabilities, needs, risks, and lifestyle preferences of the child and family. Members of the child's service team, working together, should synthesize their assessment knowledge to form a common big picture view that provides a shared understanding of the child's situation. This provides a common core of team intelligence for unifying efforts, planning joint strategies, sharing resources, finding what works, and achieving a good mix and match of supports and services for the child and family. Developing and maintaining a useful big picture view is a dynamic, ongoing process for the child's service team.

SFY-02	SFY-03
73% Acceptability in Cases Reviewed	73% Acceptability in Cases Reviewed

Service, Mix, Match and Fit Definition: All planned elements of supports, services, and interventions for the child/family should fit together into a sensible process that is tailored to fit the child/family's situation and preferences. The goodness-of-fit between the mix/match of supports and services and the child/family to participate in and benefit from the service process. Goodness-of-fit requires that programs, services, and supports are integrated seamlessly across providers and funders. Seamless integration requires a holistic approach to services, a coherent weave of supports and services, and continuous delivery of dependable services.

SFY-02	SFY-03
88% Acceptability in Cases Reviewed	75% Acceptability in Cases Reviewed

Tracking Adaptation Definition: An ongoing examination process should be used to track service implementation, check progress, identify emergent needs and problems, and adapt services in a timely manner. Tracking and adaptation provide the "learning" and "change" processes that make the service process "smart" and, ultimately, effective for the child and caregiver. The ISP should be modified when objectives are met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise.

SFY-02	SFY-03
80% Acceptability in Cases Reviewed	75% Acceptability in Cases Reviewed

The above PDR data indicates a trend of negative decline in percentage of acceptability in planning vision, integration of the service plan, goodness-of-fit of services, and tracking of service implementation. The percentage of acceptability in plan implementation and functionality of the assessment have remained stable over 2002 and 2003.

FST DATA

Because FST's are such an integral part of the assessment, planning, and treatment process for families and children in out-of-home care, the Division surveyed randomly selected staff regarding various aspects of the FST process. The goal of the survey was to determine the strengths and challenges of the FST process, with the ultimate goal of improved practice. Conducted in December 2001, the survey response rate was quite high at almost 50% (about 300 surveys returned). The following trends were identified from the survey results:

- FST meetings were predominately initiated and facilitated by the worker and rarely by the family. Meetings not always family-centered in nature.
- The family is typically invited to attend the meetings and attend them on a regular basis indicating parents are truly invested in their children's future and willing to participate in the service delivery process.
- It appeared relatively few family advocates and extended family members are invited to participate in the meetings.
- There is a lack of representation of Guardian Ad Litem, treatment providers, and school personnel in meetings.

- The majority of FST meetings are held in the Children's Division office with very few taking place in the family home or other neutral settings. Meetings are taking place during normal working hours. The survey also indicated the meetings were scheduled at a time convenient for the family.
- Treatment plans are being developed during the meetings, however, the documentation varied, which led to inconsistencies in the record and how the family retained a copy of the plan.
- Documentation of the FST varied as well as documentation of the treatment plan. This inconsistency in practice impacts PRR results. The survey results also indicated that the management information system is not consistently updated to reflect the FST meetings. This has a direct impact upon our AFCARS compliance.

Missouri gathers outcome data about the FST process as entered into the Legacy system by staff. In September 2003, FST meeting compliance, as entered into the Legacy system, was 68% statewide. Below is 2002 quarterly PRR data on FST's by % of acceptability:

PRR Results for Section V: Out-of-Home Care	2002 1st Qtr.	2002 2nd Qtr.	2002 3rd Qtr.	2002 4th Qtr.
Family Support Team meetings are held on a regular basis.	78%	82%	83%	77%

The Legacy FST data and the PRR FST data differ by as much as 18%. There is concern the Legacy data may not be accurate as caseworkers who have an overabundance of cases are having difficulty scheduling and facilitating FST's and then following up with the inputting of data in the management information system. Below are staffing percentages for each region in August 2003 compared to the Council on Accreditation caseload standards:

NW REGION	NE REGION	SE REGION	SW REGION	KC REGION	ST. L REGION	STATEWIDE
82.04%	80.79%	84.86%	77.69%	84.09%	89.48%	84.09%

The above staffing percentages indicate fluctuations as much as 11.8% within regions and staffing percentages as low as 77.7% in some region.

Roundtable Discussions

Strengths Identified

- *The Children's Division's Family-Centered Out-of-Home Care (FCOOHC) policies fully support federal requirements, which serve to ensure safety, secure permanency and enhance the well-being of children.*
- *FCOOHC policies guide staff to build upon family strengths and community support to attain these goals for children.*
- *The 72-hour FST meetings provide for a structured process immediate case plan development and early service delivery.*
- *Families are invited to attend FST meetings and attend them on a regular basis, indicating parental investment in the FST process.*
- *When invited, family advocates and extended family participate in the FST process.*

Challenges Identified

- *There is a lack of consistent documentation that case plans are completed on each child.*
- *There is an inconsistent use of forms (CS-1 and CS-16) by Children's Division Workers.*
- *Staff are not entering FST data into the management information system accurately or timely.*
- *There is a need to find a more accurate way of measuring the timeliness and quality of FSTM.*
- *Staffing decreases have greatly impacted the ability of the FSTM to occur in a timely manner. There is lack of clerical staff to send out notifications and as mentioned, an overload of cases per caseworker which impedes the process.*
- *Court requirements for social summaries vary from judicial circuit to judicial circuit. Sometimes, there is a lack of distinction between family case plans and legal court documents.*
- *Clarification is needed on the distinction of required FSTM versus those used as a best practice tool.*

Recommendations for Improvements

1. *Each region should be at 100% staffing ratios per Council on Accreditation standards.*
2. *Provide and expand appropriate staff training and supervisory support for uniform practice with clearly defined requirements for each FSTM.*
3. *New Children's Division Workers should attend specialized training early in employment to understand the philosophy and intent of the FSTM.*
4. *A competency-based training is needed to assure staff possesses the skills to develop measurable goals and case plans.*
5. *Increased accountability of staff through enhanced supervision and modeling. There is a demonstration grant project through the University working to achieve this.*
6. *Improve the process for getting correct information entered into the management information system.*

B.2. *How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.*

FCOOHC policy and FST procedures include requirements that parents and children participate in case planning, goal setting, and FSTM. Policy dictates that parental involvement in the planning process occurs immediately. Within 24 hours of the child being taken into protective custody, the intake worker and the family worker will meet with the parents and child, if age appropriate. The purpose of this meeting is to provide the parents/caretakers and child with as much information as possible about what will be happening with their child and to engage them in the decision-making process. It is recognized that continuous parental involvement throughout the child's placement is significant in early and successful reunification.

The preliminary treatment plan developed with the family during the 72-hour FSTM establishes the foundation for the initial 30-day treatment period. The initial 30 days is critical to timely

family reunification and selection of the most appropriate placement provider. The Children's Division Worker has frequent contacts with the parent(s), child, and placement provider to complete the family/child assessment and provide needed support and resources.

Every thirty days (until adjudication) during an out-of-home placement, the FSTM is held to assess progress of services, visitation plans, financial support, and continued case planning. All members of the family are invited to participate in the FSTM along with key stakeholders vital to the child's case planning. FSTM are to be scheduled at a time which is convenient for the family.

FCOOHC policy states that effective treatment planning with the family occurs when:

- The Children's Division Worker actively involves the family in the planning process. As in the family assessment process, the treatment plan is developed with the family, not for them.
- The FST identifies reasonable and achievable goals and tasks that address identified risk factors.
- The FST addresses the relevant needs and risk factors identified in the assessment. The family's strengths and resources are to be considered when determining the tasks needed to achieve treatment goals.
- The FST decides how achievements and goal attainment will be measured.
- The FST reviews the plan every 30 days, or more frequently, if necessary, to evaluate progress and the need for plan revision.

Throughout the entire intervention with a family, it is imperative that the Children's Division Worker explains to the child, in an age appropriate manner, and the parents, each step of the process and why each step is happening. This is inclusive of the initial interview during the investigation, plans for placement, placement, treatment planning, permanency planning, court hearings, etc.

In order to achieve early permanency for the child, a diligent search must be made to locate and maintain contact with both parents of the child when the whereabouts of one or both of the biological parents is unknown. A complete and diligent search is thoroughly documented to clarify that all efforts have been made to find the parent(s). A complete and diligent search requires the following:

- Using all known variations of the parent's name and searching available community resources and agency records;
- Using child birth information;
- Making in-person and/or telephone contacts with family, friends, neighbors at the parent's previous addresses; document results of each contact individually and specifically;
- Send "certified, return receipt requested" blind copy letters to the previous addresses of individuals not contacted in person;
- Address a letter to the parent and place in an unsealed envelope and send to the Social Security Administration, Bureau of Data Processing, Baltimore, Maryland 21232, with a request that it be forwarded to the parent. Include the Social Security number if available;

- Pursue leads developed in all efforts.

In an attempt to reach out to parents of children in care who are incarcerated, the Children's Division partners with the Department of Corrections. The partnership is a collaboration of Missouri stakeholders such as Department of Corrections, Department of Mental Health, Department of Economic Development, Family Support Division, Department of Health and Senior Services, and Office of the State Courts Administrator, as well as not-for-profit agencies such as Mothers and Children Together (an advocacy group for incarcerated women based out of St. Louis, Missouri). This collaboration effort works together to improve transition practices for offenders in order to enhance public safety, reduce recidivism, and maximize all available resources.

The Children's Division participates on the Children's Service Commission Subgroup for Incarcerated Parents. This group is in the process of developing a manual for Missouri's Incarcerated Parents. This manual will address the legal rights and responsibilities of incarcerated parents working toward reuniting their families.

Representatives from the Children's Division, the Family Support Division and Family's First, an advocacy group for incarcerated mothers, travel to the Vandalia Correctional Center, once a month to talk with women offenders about the Adoption and Safe Family Act as well as child support and custody issues. The offenders are given an opportunity to ask individual questions relating to their children.

The Family Support Division was awarded a grant for a federal demonstration project, the Incarcerated Fathers' Collaboration Project, later changed to The Fatherhood Initiative. The primary goal of the project was to provide opportunities, resources, and supports to promote responsible fatherhood in hope that fathers will assume emotional and financial responsibility of their children, both during and upon release from incarceration. Fathers scheduled for release within 18 months from the Western Reception, Diagnostic and Correctional Center in St. Joseph and Central Missouri Correctional Facility in Jefferson City were offered voluntary participation opportunities. This project had four principal objectives:

- Improve access to parenting information and referrals for incarcerated fathers;
- Increase parenting education and support for incarcerated fathers;
- Improve short-term and long term visitation experiences of incarcerated fathers and their children;
- Increase the capacity of incarcerated fathers to provide financial support for their children.

This project ended in September 2003.

Up until June 2003, the Children's Division was part of the Collaborative Planning Process for Children of Incarcerated parents. The collaboration was made up of stakeholders such as the Department of Corrections, St. Louis City Police, St. Louis City Public Schools, Mother's and Children Together, Girl Scouts Behind Bars, Parents As Teachers and Incarcerated Parents and Caregivers. This team worked together for a year to look at those issues that affect incarcerated parents and their children and families, specifically in the St. Louis City area.

FCOOHC policy directs that the Children's Division Worker will keep the incarcerated parent informed of the child's location, needs, and growth through interviews, letters, and other

appropriate communication methods, (i.e., tape recordings, pictures, etc). The worker will arrange for visits of the child with the incarcerated parent as frequently as possible using parental and community resources to meet transportation costs. If community resources are not available, the worker is to seek supervisory approval for the Division to meet transportation costs. The Division will meet transportation costs if the child is eligible for Title IV-E alternative care, or homeless, dependent, neglected (HDN) children.

FCOOHC policy directs staff to provide two weeks prior written notification of an FSTM to the FST participants. This includes the time and place of the meeting. Parents are also to receive a letter of notification which includes an explanation of the purpose of the FSTM: that attendance is not a requirement, but is encouraged, the right of the parent(s) to bring someone with them, and a copy of the CS-1 to be presented at the FSTM.

All team members, both required and invited, are considered full partners in the review process and should attend the entire FSTM and have the opportunity to fully participate in the development of the child's case plan. The FST meets to review the case plan and long-range permanency plan of each child placed in out-of-home care within 30 days of the Division's receipt of custody.

An FSTM must be scheduled prior to the end of the child's first thirty days in out-of-home care and monthly until adjudication. Thereafter, FST's must be held at least every six months to review all aspects of the case.

Evaluation and Summary of Findings

The PRR results for the CY-2002 are as follows (Percentage of Acceptance):

PRR Results for Section IV: Service Plan and Service Delivery	2002 1st Qtr.	2002 2nd Qtr.	2002 3rd Qtr.	2002 4th Qtr.
The family participated in the development of and signed the service plan.	73%	75%	83%	80%
The family is involved in making changes to the service plan.	83%	82%	89%	86%

PRR Results for Section V: Out-of-Home Care	2002 1st Qtr.	2002 2nd Qtr.	2002 3rd Qtr.	2002 4th Qtr.
The child, if age appropriate, is involved in the service planning process.	94%	96%	90%	89%
The child's parents are involved in the service delivery process.	92%	92%	87%	85%

This PRR data indicates a positive trend of increasing family participation in case planning over 2002. However, there is a negative trend in parental involvement in the service delivery process.

The PDR results for SFY-02 and SFY-03 for child and family participation are as follows:

Child and Family Participation Definition: The child and family should have a sense of personal ownership in the service plan and decision process. The central concern of

this exam is that the child and family be active participants in shaping and directing service arrangements that impact their lives. Emphasis is placed on direct and ongoing involvement in all phases of service: assessment, planning, and selection of providers, provision of services, tracking, adaptation, and evaluation.	
SFY-02	SFY-03
79% Acceptability in Cases Reviewed	76% Acceptability in Cases Reviewed

Permanency Definition: Every child is entitled to a safe, secure, appropriate, and permanent home. Permanency is achieved through preservation of safe families, timely reunification, or timely alternative long-term living arrangements. A child removed from his/her family home should be living in a safe, appropriate, and permanent home within 12 months of removal with only one interim placement. Intensive services and timely family reunification should be provided, where indicated. Other permanency plans should be implemented immediately when reunification is determined not to be possible. Where appropriate, legal guardianship or termination of parental rights and adoption should be accomplished expeditiously. For an older youth (16 and up), extended foster care, an independent living program, or a group or independent living setting may serve as a permanent home. Permanency is achieved when the child is living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent. Evidence of permanency includes adequate provision of necessary supports for the caregiver and the achievement of stability in the child's life, minimizing disruption in relationships and the length of stay in out-of-home care.	
SFY-02	SFY-03
68% Acceptability in Cases Reviewed	74% Acceptability in Cases Reviewed

This PDR data indicates a 3% decline from 2002 to 2003 in child and family participation in service planning. Acceptability of child's permanency plan went up 6% from 2002 to 2003.

Consumers (parents, youth in care, placement providers) are randomly surveyed regarding the quality of services they receive and aggregated semi-annually. The 2002 consumer survey data for two particular questions that have to do with family involvement in case planning shows that less than 50% of family members perceive they are encouraged to participate or help plan for the services they need. This is in direct conflict with PDR and PRR data.

Exam Area	Jan-July 2002	Aug-Dec 2002
My worker encourages all family members to participate	49%	49%
My family and I are able to help plan for the services we need	42%	45%

Roundtable Discussions

Strengths Identified

- *FCOOHC policy and FST procedures include requirements that parents and children participate in case planning, goal setting, and FSTM.*
- *FSTM engage families early on in the case planning process.*
- *FSTM provide a structured process for involvement.*
- *FCOOHC policy indicates families can bring support to the FSTM.*

- *PDR interviews address the degree of family involvement.*

Challenges Identified

- *There is limited effort made to reach out to majority of families to attend FSTM's and fully engage them in the process. Some FSTM's appear to be "talking at families" not "discussing with families".*
- *Staff need sufficient time and continual skill-building training to achieve the optimal results from the FSTM's.*
- *The Division serves families who face multiple and complex problems.*
- *There is a need for supervisor modeling and clinical supervision for Children's Division Workers.*
- *Clear and attainable case plans are not always developed or presented to families.*

Recommendation for Improvements

1. *There is a need for more advocates for parents participating in the FSTM.*
2. *A community-based program should be created where parents train other parents in skill areas and to help them understand the system.*
3. *The Division staff should be trained in the use of effective facilitation skills in FST meetings.*

B.3. *Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every 6 months, by a court or by an administrative review.*

Policy and State Statute Description

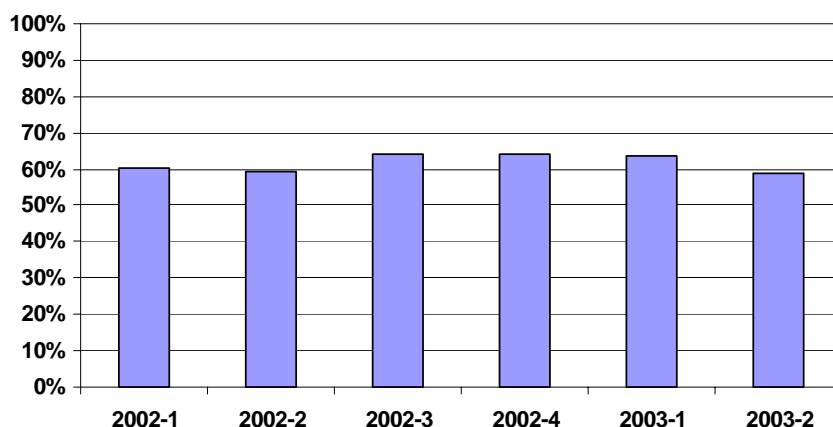
In the Child Welfare Manual, Section 4, "Out-Of-Home Care", Chapter 9.8.2 provides policy for timeframes to review permanency plans for children in out-of-home care. The policy states, "In order to determine the best permanency plan for each child and to meet the time frames specified in legislation, the Division will facilitate FSTM. According to current policy, every child who resides in out-of-home care and in the custody of the Division must have a review of his/her permanency plan during a FSTM every six (6) months. When a child is initially placed in out-of-home care, the emphasis is usually placed on making reasonable efforts to safely return the child to his or her parents. Therefore the emphasis during initial FSTM is usually placed on treatment planning and implementation that will allow for reunification. All recommended permanency plans and actions must be documented and immediately provided to the juvenile court."

Evaluation and Summary of Findings

The Peer Record Review Tool, Section V, Question 15, asks: “Was the FSTM held on a regular basis?” In 2002/1st quarter, 78% of the cases reviewed met the criteria; 2002/2nd quarter, 72% met the criteria; 2002/3rd quarter, 73% met the criteria; 2002/4th quarter, 77% met the criteria. These results are based on an objective review of the record by a peer.

The findings below are from the management information system derived from the computer entries by the Children’s Division workers. Children are counted as being in FST meeting compliance if one of the following is true: 1) Length of stay in Children’s Division custody is under one month, 2) Length of stay in Children’s Division custody is under six months and the child has a FSTM date within 30 days of entry, 3) Length of stay is six months or greater and the child has a FSTM within six months of the end of any given quarter)

Percent of Children with Timely FSTs



The data above is questionable in validity due to the discrepancies from results of actual case reviews. It is believed that the occurrences of FSTM are higher than the management information system data reflect. The discrepancies may be a result of large caseload size which may delay the timely entry of information into the data system.

Roundtable Discussion

Strengths Identified

- *Policy requires FSTM to occur more often than every six months which exceeds best practice standard..*

Challenges Identified

- *There is a need to strengthen monitoring of FSTM and Permanency Hearings.*
- *Documentation needs to be improved regarding FSTM effectiveness and entry of information in the data system.*

Recommendations for Improvement

1. *Establish FSTM as a priority. Children’s Division workers must feel the benefit of the case progressing faster. Create a check and balance for assuring data entries are made.*

2. *Use outcome measure data in CQI teams to determine why FSTM percentages are low and provide deeper analysis of issues.*
3. *Renew data from the FSTM outcome measures for deeper analysis.*
4. *Create a definition on what constitutes a review and who are the key players. This will provide consistency with the FSTM format.*
5. *Review and possibly reduce caseload sizes for FCOOHC workers.*

B.4. *Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.*

Bench Cards for Juvenile Judges

The Supreme Court's Family Court Committee completed in spring 2003, the second installment of the *Missouri Resource Guide for Best Practices in Child Abuse and Neglect Cases*. This installment included **bench cards** for the dispositional review (pre-permanency) hearing, permanency hearing, and post permanency review hearings, as well as informational cards on Indian Child Welfare Act (ICWA), Interstate Compact on the Placement of Children (ICPC) and the Multiethnic Placement Act (MEPA). The Family Court Committee, in collaboration with the Juvenile Court Improvement Project, planned multi-disciplinary workshops designed to assist juvenile family court commissioners and other key stakeholders in utilization and implementation of the *Best Practice Recommendations* in the *Resource Guide*.

The new bench cards address the hearing timeframes, federal law and "Scope of Inquiry" that should occur during the Permanency Hearing. The first question that should be answered is whether the permanency plan is the most appropriate permanency option for the child? If not reunification, is placement with a fit and willing relative being considered; is termination of parental rights and adoption being considered; is guardianship being considered; is a planned, permanent living arrangement being considered? There are also "Mandatory Factors" (per Section 210.720 RSMo requires that a permanency hearing be held within 12 months of the date of the child's "initial placement" and at least annually thereafter) that should be considered during a permanency hearing: interaction and/or interrelationship of the child with the foster parents, parents, siblings, and other significant parties; child's adjustment to the foster home, school and community; mental and physical health of all individuals involved; including any history of abuse; needs of the child for a continuing relationship with the parents; and the ability and willingness of the parents to actively meet the needs of the child. "Discretionary Factors" (Rule 119.08) are: parties' compliance with the court-ordered social service plan; need for continued placement of the child in out-of-home care, appropriateness of the current placement; need for modification of the court-ordered social service plan, anticipated date for achieving reunification or commencing termination of parental rights proceeding; and individual needs of the child.

Juvenile Court Improvement Project

The Juvenile Court Improvement Pilot (JCIP) Project was designed to focus on the effect of this legislative reform on Missouri's juvenile courts. Specifically, this project will measure the

effectiveness of the courts in carrying out these reforms, recommend any statutory or administrative rule changes deemed necessary, and develop a plan to improve reform implementation. Missouri's Juvenile Court Improvement Project is divided into the following three phases:

- Assessment
- Recommendations for improvement
- Plan for improvement

Five areas were identified through the assessment phase as needing change and a plan was developed to pilot specific core requirements and supplemental recommendations for court reform designed to improve the judicial process for child abuse and neglect cases. Three courts are currently implementing the project requirements, which include:

- Establishing mandatory hearings and accelerated timeframes for hearings;
- Increasing the thoroughness of the judicial review;
- Providing for the timely appointment of the guardian ad litem for the child, and when appropriate, legal counsel for indigent parents;
- Ensuring that all parties and their legal representatives are present at all hearings;
- Establishing case management practices to reduce continuances that lead to delays, such as setting the next court date and providing copies of court orders at the end of each hearing;
- Holding all parties, including the parents, accountable for assuring that timely permanency plans for children are made within 12 months of the child entering care;
- Participating in training for all key personnel in the child abuse and neglect system.

The findings to-date indicate that all three courts have been successful in implementing the required court reforms and that these efforts have resulted in improved outcomes for children as they relate to safety, permanency and child well-being.

In the spring 2001, as a direct result of the positive results in these courts, the legislature appropriated state funds to continue the reform efforts already underway in the three project courts. They also authorized expansion of the project, renaming it the Permanency Planning Project Court Expansion, to five new sites, but did not appropriate state funds for this expansion.

The plan calls for the JCIP Steering Committee to provide guidance and oversight to Office of States Court Administrators (OSCA) in the selection, implementation and evaluation of the five new expansion court projects once funding becomes available.

In spring of 2003, seven regional, multi-disciplinary workshops on *the Missouri Resource Guide for Best Practice in Child Abuse and Neglect Cases* were held in five sites throughout the state. The workshops, which were mandatory for all judges and family court commissioners who hear child abuse and neglect cases, were provided in May and June 2003 to 941 participants, as follows:

- 181 Judges/Commissioners
- 199 Juvenile/Family Court Staff (includes JOs, DJOs and other juvenile/family court staff, except attorneys)
- 119 Attorneys and GALs

- 19 CASA volunteers
- 423 Children's Division child welfare staff (majority were Children's Division workers and supervisors, also some area and state office administrators and staff trainers)

The workshop was provided free of charge and each participant received a copy of the *Resource Guide*. Court employees, including the judges, may also access it electronically through the OSCA Missouri Courts Information Center (MCIC) database.

The Missouri Supreme Court and the OSCA have a long history of collaboration and partnership with all the state agencies that serve children and families, including the Children's Division, Division of Youth Services, Family Support Division and Department of Mental Health. OSCA staff and numerous juvenile judges and commissioners from throughout the state actively serve as members on a number of boards, commissions and committees. These include the Missouri Juvenile Justice Association, the Children's Justice Act Task Force, and the Missouri Bar Commission for Children and the Law, The Supreme Court's Family Court Committee, the Commission on Alternative Dispute Resolution in Domestic Relations Matters and the Children's Services Commission.

As such, the Missouri Juvenile Court Improvement Project, in partnership with all state key stakeholders, remains committed to assisting the judiciary, as directed by the Supreme Court and its Family Court committee, to fulfill any current or new federal or state requirements, and to support implementation of "best practices" recommendations that are designed to provide for the safety, well-being and permanency of children in out of home care.

The findings from the upcoming CIP statewide re-assessment and Title IV-E and CFSR reviews will also serve as guidance to the JCIP Steering Committee and will be incorporated into any additional recommendations to the Supreme Court for statewide improvement to the court process.

Roundtable Discussions

Strengths Identified

- *OSCA has trained judges and court personnel on best practice for children at various stages of the court timeline.*
- *The system produces a computer reminder report when the child's permanency hearing is overdue.*
- *Some courts set up the next hearing date while all parties are present and then follow up with a written court order specifying the day and time of next court hearing.*
- *The management information system produces reminder lists of any child who has been in care 10 of 22 months. These lists are routed to each Circuit Manager.*

Challenges Identified

- *There is no existing method to measure quality and quantity of Juvenile Court hearings statewide.*
- *Some courts in judicial circuits have developed an internal mechanism for tracking the timeliness of hearings, but there is no statewide accountability system.*

Recommendations for Improvements

- 1. Automate a court reporting system statewide for tracking permanency hearings.*
- 2. Provide Division staff access to some information in the court database.*
- 3. Develop system edits to require court data fields when inputting child information.*
- 4. Partner with the Court Improvement Project and consult with National Resource Center for Court Improvement to determine if other states have accountability systems in place.*

B.5. Citing any data available to the State, discuss how the State meets requirements to provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in any review or hearing held with respect to the child in their care.

Missouri State Statute 210.761 states “any person who has provided foster care to a child any time in a two-year period prior to any hearing conducted shall be allowed to testify at any hearing after the child has been adjudicated”. The court may limit such testimony to evidence the court finds relevant and material. In Statute 211.171.3, “...the current foster parents of a child, or any pre-adoptive parent or relative currently providing care for the child, shall be provided with notice of, and an opportunity to be heard in, any permanency or other review hearing to be held with respect to the child...”

After a termination of parental rights petition has been filed, RSMo 211.453.2 states a service of summons would be in effect. This statute states: “2. Persons who shall be summoned and receive a copy of the petition shall include: 1) The parent of the child, including a putative father who has acknowledged the child as his own by affirmatively asserting his paternity, unless the parent has filed a consent to the termination of parental rights in court; 2) The guardian of the person of the child; 3) The person, agency or organization having custody of the child; 4) The foster parent, relative or other person with whom the child has been placed; and 5) Any other person whose presence the court deems necessary.” Foster parents and others may present evidence through State Statute 211.464; “1. Where a child has been placed with a foster parent, with relatives or with other persons who are able and willing to permanently integrate the child into the family by adoption, the court shall provide the opportunity for such foster parent, relative or other person to present evidence for the consideration of the court. 2. Current foster parents or other legal custodians who are not seeking to adopt the child shall be given an opportunity to testify at all hearings regarding the child. Upon the filing of a petition concerning a minor child who is in the care of foster parents or other legal custodians, the court shall give notice to such foster parents or legal custodians of the filing, any future hearings held on such petition and their opportunity to testify at any subsequent hearings held in relation to such petition, unless such notice and opportunity is waived by such foster or custodial parent.”

Currently, there is no aggregated data that can advise the Courts and the Division how they are doing with giving notice to foster/adoptive parents, pre-adoptive parents, and relative caregivers.

In June 2002, the Division introduced the Know Your Rights brochure, CS-132, and a new Service Delivery Grievance Process. Providing a simple explanation of consumer rights and the Service Delivery Grievance Process, the Know Your Rights brochure is provided during first

contact with a family when providing Family-Centered Services, Family-Centered Out-of-Home Services, Intensive In-Home Services, Family Reunion Services, Independent Living Services, or Adoption and Guardianship Services. This brochure is also given upon request during the course of an assessment or investigation. These brochures and a Know Your Rights poster are placed in the receiving lobby of all county and regional offices.

The Division's Service Delivery Grievance Process allows families the opportunity to express their concerns regarding any perceived inequities, unfair treatment, or dissatisfaction with agency actions or behaviors. A grievance may be related to a variety of service provision issues.

Roundtable Discussions

Strengths Identified

- *The Office of the State Courts Administrator provides training to judges and court personnel regarding the need to notify caregivers of hearing and allowing them to testify.*
- *Children's Division workers provide information to foster, relative and pre-adoptive parents or other caregivers if they cannot attend hearings.*
- *Information is provided to consumers about their family's rights.*

Challenges Identified

- *Some parents believe there is a lack of notification when meetings/hearings are to be held. Some courts are adopting the practice to set the next hearing date before ending a current hearing to help address this challenge.*
- *Foster parents are not always notified by courts causing a barrier for participation.*

Recommendations for Improvements

1. *Clearly define more effective ways to notify and identify who is responsible for hearing notification in what circumstances.*
2. *Allow court personnel access to the Division's management information system to help locate individuals.*
3. *Develop automated process to send notification for hearings and track contact information.*
4. *Encourage the practice of setting the next court date before concluding the current hearing and provide a court order that includes the date of the next hearing.*
5. *Develop an electronic notification system for permanency hearings for Division supervisors, circuit managers and workers.*